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6	To: Division of Corporations Fax Number: : (850)205-0383	
RECENTED FEB 15 PM I2: 1	Division of Corporations Fax Number: : (850)205-0383 From: Account Number : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, Account Number : 076077000521 Phone : (954)527-2428 Fax Number : (954)764-4996 Z	P.A.
62 🖉	LIMITED LIABILITY COMPANY	
	Ultralab, LLC	
	Certificate of Status 1   Certified Copy 1	PH 4

## ARTICLES OF ORGANIZATION OF ULTRALAB, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. <u>NAME</u>. 'The name of the Limited Liability Company is ULTRALAB, LLC (the "Company").

2. <u>MAILINC: AND STREET ADDRESS OF PRINCIPAL OFFICE</u>. The mailing and street address of the principal office of the Company is: 1500 N.W. 10<sup>th</sup> Avenue, Suite 205, Boca Raton, Florida 33486.

3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Marc Frager at 1500 N.W. 10<sup>th</sup> Avenue, Suite 205, Boca Raton, Florida 33486.

The undersigned has executed these Articles of Organization on the <u>S</u> day of February,

2005.

By Frager, M.D., Authorized Person

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Feb-15-2005 10:43am From-RUDEN McCLOSKY 17F\_N

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## CERTIFICATION OF DESIGNATION OF RUGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ULTRALAB, LLC.

2. The name and address of the registered agent and office is:

Marc Frager, M.D. 1500 N.W. 10<sup>th</sup> Avenue, Suite 205 Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

rager, M.D., Registered Agent

Date:

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